

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of cases in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Casa

District of _____

Town of Claypool

or _____

City of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 178

County Registrar No. 661

Local Registrar No. _____

St. _____ Ward _____

If child is not yet named, make supplemental report, as directed.

2. Full name of child Neva Vukcanovich

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. Legitimate? yes 6. Date of birth May 28 1926 Month day year

5. FATHER Full name Louis Vukcanovich

9. Residence (Usual place of abode) Claypool Ariz If nonresident, give place and state

10. Color or race White 11. Age at last birthday 42 (Years)

12. Birthplace (city or place) Montenegro (State or country)

13. Occupation Stage Driver Nature of Industry

14. MOTHER Full maiden name Stana Mijakovich

15. Residence (Usual place of abode) Claypool Ariz If nonresident, give place and state

16. Color or race White 17. Age at last birthday 31 (Years)

18. Birthplace (city or place) Montenegro (State or country)

19. Occupation Housewife Nature of Industry

20. Number of children of this mother (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn None 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born alive born) at 7:30 a.m. on the date above stated.

Signature E. J. Tittel (Physician or midwife) Address Mesa, Ariz (To E. Tittel)

Given name added from a supplemental report _____ Month, day, year. Filed June 4 1926 Local Registrar.

Registrar. _____ County Registrar.

5598-524-246